

HOW I DO IT

Full-Thickness Skin Grafting

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TECHNIQUE

Many sites have been advocated for donor skin grafts. I personally think that the best site whenever possible should be the groin because of its multiple advantages. First, there is always excess skin available there. Second, it can be closed primarily. Third, the scar is of cosmetic value. Grafts taken with the Humpty's knife from the thigh or the arm leave the patient with a lot of pain, a raw wound for days to come, and a poor cosmetic result. Once the primary lesion is excised (Fig. 1A) the wound is then irrigated with diluted povidone-iodine solution. A gauze piece is then dabbed onto the raw surface (Fig. 1B). This will mark the exact dimensions of the required skin graft. The povidone-iodine-marked gauze piece is then cut to match the primary wound. This gauze piece is then kept on the prepared groin and its periphery marked with a pen. The incision is then extended laterally on both sides to enable primary closure of the groin wound (Fig. 2A). A full-thickness skin graft is then harvested. Excess fat is removed with a knife (no. 10 blade). Groin flaps are raised with diathermy for adequate primary closure. The groin incision is then closed with subcuticular

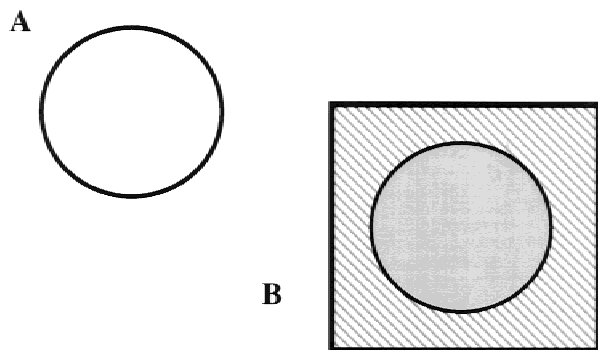


Fig. 1. **A:** Excised primary wound. **B:** Gauze piece dabbed on the betadine irrigated wound.

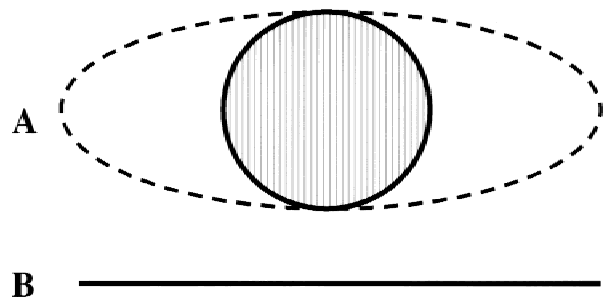


Fig. 2. **A:** Donor area (groin) skin graft to be harvested. **B:** Primary closure of groin wound.

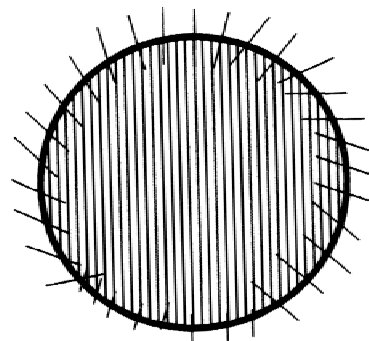


Fig. 3. Final result: groin skin graft onto the primary area.

absorbable sutures (Fig. 2B). The marked edges of the harvested skin are cut to match the original area to be grafted. Multiple stab holes are made in the cut donor skin, which is then grafted onto the recipient area with continuous absorbable stitches (Fig. 3). A sponge dressing, held in place by stitches with 30 silk to the surrounding skin, is then applied over the grafted area.

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Accepted 17 August 1999